provisions of Drugs & Cosmetics Act and Rules, have been permitted to be imported.

Introduction of Vitamin 'A' by Multinational Corporation

3073. SHRI MENTAY PADMANABHAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Multi-National drug companies are trying to introduce synthetic vitamin 'A' nutritional supplements through our health programmes;

(b) if so, what is Government's reaction to the strong objection of nutrition scientists; and

(c) whether these Multi-National Corporation have offered free stock of Vitamin 'A' for distribution in India?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) to (c) Ministry of Health and Family Welfare has been implementing a prophylaxis scheme for the prevention and control of blindness among children due to Vitamin 'A' deficiency. The National policy on management of Vitamin 'A' deficiency, evolved in consultation with the technical experts, provides for administration of synthetic Vitamin 'A' preparation to pre-school children at six monthly intervals.

Procurement of Vitamin 'A' solution, since the inception of the programme, has been done from indigenous firms.

Import of M.S.G.

3074. SHRI B. K. HARIPRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that monosodium glutamate (MSG) banned in many countries is being freely imported and sold in retail in small packs popularly known and sold as Chinese salt;

(b) the quantity of MSG imported during the last three years indicating the value paid in foreign currency;

(c) what are the names of main importers and users in the country; and

(d) whether Government have any plans to stop imports in view of its dangers to human health, specially infants and mothers?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) to (c) In terms of Import and Export Policy, all items other than those covered by the Nagative list can be imported freely. As Mono Sodium Glutamate is not covered by the negative list, its import can be made freely.

No specific information about the quantity of Mono Sodium Glutamate imported, its value and the names of the importers and users in the country is available with this Ministry.

(d) As Mono Sodium Glutamate has been cleared as a safe food additive by FAO/WHO, there is no plan to stop its import at present.

Cholesterol effect on heart

3075. DR. SANJAYA SINH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the commonly held view that cholesterol has an adverse effect on the heart has been dismissed recently by the famous British Cardiologist, Dr. Donald N. Ross; and

(b) if so, what is Government's reaction in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) and (b) A news item quoting Dr. Donald Ross, a British Cardiac Surgeon, as having stated that Cholesterol is not a coronary risk factor has appeared in a newspaper.

Major scientific bodies like WHO; International Society and Federation of Cardiology; European Society of Cardiology and British Cardiac Society continue to recognise cholesterol as a major coronary risk factor. The ICMR is of the view that till compelling new evidence to the contrary is available, high level of blood cholesterol should continue to be recognised as harmful to heart.

Blood donors affected by AIDS

3076. DR. SANJAYA SINH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that 10 per cent of the professional blood donors in Vijayawada in Andhra Pradesh are affected by the AIDS; and

(b) if so, the details thereof and the steps Government propose to take in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) and (b) Information is being collected and with be laid on the Table of the House.

Experimental test of Kala Azar medicines

3077. PROF. SAURIN BHATTACHARYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have conducted investigations to find out proven medicines as were prescribed by Indian Medical Practitioner in the forties to arrest the epidemic of Kala-azar;

(b) whether some foreign firms have been offering their medicines on experimental basis to deal with the Kala-azar in Bihar and other places;

(c) whether Government would take into consideration the availability of Indian Medicines before allowing any foreign firms/organisation to experiment with the health of Indian masses; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) Dr. U. N. Brahmachari had formulated a drug called urea atibamine for treatment of Kala-Azar in 1930s. The drug was manufactured by Bengal Immunity Co., Calcutta, under supervision of Dr. Brahmachari. After his death the manufacture of urea atibamine was stopped because nobody know its formula. The ICMR had taken the initiative to get urea atibamine analysed to decipher the formula. Samples of the drug were sent to the Central Drug Research Institute, Lucknow for analysis. The report indicated that the compound was decomposed. Therefore, it has not been possible to find the composition of Dr. Brahmachari's medicine for Kala-Azar.

(b) A project for conducting clinical trial was granted to compare the effectiveness of aminosidine injection alone or combined with sodium stibo gluconate and treatment with sodium stibo gluconate alone for treatmen of Kala-Azar [illegible] spitalised patients